

(1) PLACE OF BIRTH

County of Wich
Township of Johnson
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
17058

Registration District No. 4304 Registered No. 1
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Martin Jay

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth: (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 3 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James M. Jay
(9) PRESENT POSTOFFICE OF FATHER Hungary S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming

MOTHER

(14) NAME BEFORE MARRIAGE Mrs. Lora Kinsel
(15) PRESENT POSTOFFICE OF MOTHER Hungary S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Other at 4:40 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. R. C. Gaskins
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Johnson

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 18 1922 (28) L. L. R. C. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.